

DRAFT

SERVICE MEMBER'S NAME

SOCIAL SECURITY NUMBER

BRANCH OF SERVICE

RESERVE UNIT OF ASSIGNMENT

DoD/RESERVE FORCES ANNUAL DENTAL EXAMINATION

Dear Doctor,

The individual you are examining is a Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please circle the number that best describes the condition of the member - using as a suggested minimum: a clinical examination with mirror and probe, and bite wing radiographs. **This form is meant to determine fitness for prolonged duty without ready access to dental care and not intended to address the member's comprehensive dental needs.**

1. Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
2. Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
3. Patient has oral conditions that you **do** expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are:

Infections: acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.

Caries/Restorations: dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.

Missing Teeth: edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.

Periodontal Conditions: acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.

Oral Surgery: unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.

Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

If you placed the patient in category #3, please circle the condition you identified in this patient, if it appears above, or briefly describe the condition below.

DENTIST'S NAME

DENTIST'S SIGNATURE

TELEPHONE NUMBER

DATE